

# WAIVER SERVICE DEFINITIONS and QUALIFIED PROVIDER STANDARDS

## Table of Contents

Adult Companion Services.....	9
Adult Foster Support.....	10
Assisted Living.....	11
Caregiver Training and Support.....	12
Community Transition Services .....	12
Day Habilitation.....	2
Dietician .....	13
Environmental Modifications/Adaptive Equipment .....	14
Homemaker .....	3
Individual Goods and Services .....	15
Meals .....	16
Occupational Therapy.....	6
Personal Care.....	16
Physical Therapy .....	7
Private Duty Nursing.....	17
Psychological Services .....	7
Residential Habilitation .....	3
Respiratory Therapy .....	18
Respite.....	4
Speech therapy.....	8
Supported Employment .....	4
Transportation.....	19
Waiver-funded Children's Case Management .....	5

## Day Habilitation

Services designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings.

Habilitation provided in day programs includes support and functional training in use of community services, basic life skills, appropriate behaviors for the workplace and appropriate social behaviors.

Habilitation services do not include special education and related services (as defined in Section 4(a) (4) of the 1975 Amendments to the Education of the Handicapped Act (20 U.S.C. 1401(16), (17)) which otherwise are available to the individual through a State or local educational agency and vocational rehabilitation services which otherwise are available to the individual through a program funded under Section 110 of the Rehabilitation Act of 1973 (29 U.S.C. 730).

The Personal Supports Plan (PSP), based upon the results of a formal assessment and identification of needs, provides the actions and outcomes toward which training efforts are directed. Work/day programs offer individualized services based on the support needs of service recipients. Persons served in work/day settings may include persons with pre-vocational skill training needs, persons who function as elderly with skill maintenance and social/leisure activity needs and persons with very significant behavioral, self-help or medical challenges who require enriched staffing ratios to meet habilitation and support goals. In some cases, individuals with varying services needs may be served under one roof, with staffing ratios and habilitation goals individualized to meet the needs of the recipients. Work/day programs offer one or more services conforming with the following criteria:

- Pre-vocational services are oriented toward providing training to individuals who are not expected to join the general work force in the immediate future (i.e., within a year).

Pre-vocational services include support and training in self-help skills, motor and physical development, communication skills, functional academics, community life skills, work skills, and leisure skills. These training areas are not primarily directed at teaching specific job skills but at underlying habilitative goals.

If individuals are compensated for the work they do, the compensation is less than 50 percent of the minimum wage.

- Senior day services provide health services, social services, training and supervision based on the needs of the individuals served. Senior day services entail services which provide supports and specific functional training based on the PSP.

These services are provided to older individuals whose plans of care (IP) direct training efforts and specify supports that will enable them to participate in a variety of age-appropriate activities supporting the goal of maintaining the individual's ability to function in the community and to avoid institutionalization.

- Intensive waiver-funded adult habilitation programs are oriented toward serving individuals with more severe disabilities. These individuals display fewer self-help skills and/or more severe problem behaviors than the individuals found in typical work activity centers or sheltered workshops. They have been found to have significant service and support needs based on the Montana Resource Allocation instrument and have been determined as inappropriate for placement in less restrictive adult settings.

Training and support is provided in a highly structured environment, by staff who are sophisticated in the skills of behavior management. Training focuses on the behaviors necessary to maintain the individual in the community based service system and, if possible, move to a less restrictive setting

The service requirements outlined in ARM 37.34.937 through 37.34.942 shall apply. The staffing rule as outlined in ARM 37.34.2 107. The individual will receive training within 30 days of hire including: abuse reporting, incident reporting, client rights, client confidentiality and first aid training, College of Direct Support training, CPR training and any specialty training relating to the need of individual served, as outlined in the plan of care. Persons assisting with meds will be certified in accordance with ARM 37.34.114. In addition, the employer will maintain documentation verifying the person providing direct client services has an acceptable criminal background check.

## Homemaker Services

Homemaker services consist of general household activities provided by a homemaker when the person regularly responsible for these activities is unable to manage the home and care for himself/herself or others in the home, or is engaged in providing habilitation and support services to the individual with disabilities. Services in this program include meal preparation, cleaning, simple household repairs, laundry, shopping for food and supplies and routine household care.

Homemaker services are not available under the State Plan.

This service is not available to recipients in residential settings in which primary care is funded 24/7 by the DDP (e.g., group homes and assisted living facilities). Homemaker services may be bundled with other services when delivered as a component of Self-Directed Services and Supports (SDSS) and is therefore not available as a discrete service to persons receiving SDSS.

Workers are employees of a business entity, licensed, bonded and insured to deliver professional homemaker services.

ARM 37.34.929 and ARM 37.34.930 apply. Qualifications of the person providing the homemaker service will be reviewed and approved by the contracting agency and the service recipient and family, if applicable. The family or recipient can request the provider subcontracting with the business entity to complete a background check of the worker at no cost to the recipient. The person providing this service must be 18 years of age.

## Residential Habilitation

Services designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings.

Habilitation provided to an individual wherever he or she may live. Settings may include foster homes, group homes, congregate and non-congregate living apartments and natural homes.

All facilities covered by Section 1616(e) of the Act comply with State licensing standards that meet the requirements of 45 CFR Part 1397.

Board and room is not a covered service. Individuals served are responsible for paying for board and room through other funding sources such as Supplemental Security Income (SSI).

The plan of care, based upon the results of a formal assessment and identification of needs, provides the general goals and specific objectives toward which training efforts are directed. The plan of care (PSP or Individual Family Service Plan for Children) also specifies the appropriate residential setting in which services will be provided.

Training is provided in basic self-help skills, home and community living skills, leisure and social skills. Support is provided as necessary for the care of the individual. Each training objective is specified in the plan

of care and is clearly related to the individual's long term goal and is not simply busywork or diversional in nature.

Residential habilitation services are not available to waiver recipients residing in assisted living or adult foster home.

Residential habilitation is reimbursable in all community based residential settings, except the provision of this service in DD community group homes and foster homes is contingent upon State licensure for these facilities. DD group home licensure requirements may be reviewed in ARM 37.100.301 through 37.100.340 and MCA 53-20-301 through 53-20-307.

The service requirements outlined in ARM 37.34.937 through 37.34.942 shall apply, and the staffing rule as outlined in ARM 37.34.2107. The individual will receive training within 30 days of hire including: abuse reporting, incident reporting, client rights, client confidentiality and first aid training, College of Direct Support training, CPR training and any specialty training relating to the need of the individual served, as outlined in the plan of care. Persons assisting with meds will be certified in accordance with ARM 37.34.114. In addition, the employer will maintain documentation verifying the person providing direct client services has an acceptable criminal background check. Persons providing residential habilitation may be sixteen or seventeen years of age if the service is provided under direct adult supervision and all other requirements are met.

## Respite

Respite care includes any services (e.g., traditional respite hours, recreation or leisure activities for the recipient and care giver; summer camp) designed to meet the safety and daily care needs of the recipient and the needs of the recipient's care giver in relation to reducing stress generated by the provision of constant care to the individual receiving waiver services. These services are selected in collaboration with the parents and are provided by persons chosen and trained by the family. Persons providing respite services will be in compliance with all state and federal respite standards. Respite services are delivered in conformity with an individualized plan of care. The amount and frequency of respite care (with the exception of emergencies) is included in each individual's plan of care.

FFP (Federal Financial Participation) will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

Respite is only available to primary caregivers in family settings, including adult foster homes. Respite is available when a primary caregiver is not compensated for providing some or all of the support or supervision needed by the client.

ARM 37.34.946 and ARM 37.34.947 apply. In addition, the respite provider is subject to approval by the family, and must possess any competencies outlined by the family in the plan of care, which are related to the specific needs of the individual. Person providing the service must be 16 or older.

## Supported Employment

Supported employment is for persons with developmental disabilities who, because of their disabilities, need intensive ongoing support to perform in a work setting.

Supported employment provides the opportunity to: work for pay in regular employment; integrate with nondisabled persons who are not paid care givers; and receive long-term support services in order to retain the employment. The service is designed for individuals with developmental disabilities facing severe impediments to employment due to the nature and complexity of their disabilities.

Supported employment may include the following types of activities designed to assist eligible individuals to access and maintain employment:

- a. Pre-placement activities: Pre-placement activities consist of gathering information, conducting employee assessment and completing any steps necessary to implement the job placement process.
- b. Job Market Analysis/Job Development: Job market analysis and job development involve identifying and locating potential jobs.
- c. Job Match/Screening: Job match and screening involves establishing job requirements and selecting/matching potential employees to jobs.
- d. Job Placement/Training: Training is directed toward development of all the skills necessary to succeed in the particular paid job that the individual is hired to do. Training occurs within the actual job environment and addresses naturally occurring demands and contingencies. The trainer assists the employee in completing the job until all the tasks can be performed at the standard established by the employer.
- e. Ongoing Assessment and Support and Service Coordination: Ongoing assessment and support involves monitoring the status of the job environment and the employee, and providing interventions as needed to maintain job placement.
- f. Transportation: Transportation of a work crew and its equipment to and from the job site may be provided.
- g. Supported employment will be funded under the waiver when not available under Section 110 of the Rehabilitation Act of 1973, as amended, (19 U.S.C. 730).

ARM 37.34.937 through 37.34.942 shall apply. The staffing rule as outlined in ARM 37.34.2 107. The individual will receive training within 30 days of hire including: abuse reporting, incident reporting, client rights, client confidentiality and first aid training, College of Direct Support training, CPR training and any specialty training relating to the need of individual served, as outlined in the plan of care. Persons assisting with meds will be certified in accordance with ARM 37.34.114. In addition, the employer will maintain documentation verifying the person providing direct client services has an acceptable criminal background check.

## Waiver-funded Children's Case Management

Waiver-funded children's case management (WCCM) services are services furnished to assist individuals in gaining access to needed medical, social, educational and other services. Case Management includes the following assistance:

Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical, educational, social or other services. These assessment activities include

- taking client history;
- identifying the individual's needs and completing related documentation; and gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual.

Development (and periodic revision) of a specific care plan that:

- is based on the information collected through the assessment;
- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- identifies a course of action to respond to the assessed needs of the eligible individual.

Referral and related activities:

- to help an eligible individual obtain needed services including activities that help link an individual with
  - medical, social, educational providers or
  - other programs and services that are capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual.

Monitoring and follow-up activities:

- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the individual's needs, and which may be with the individual, family members, providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
  - services are being furnished in accordance with the individual's care plan;
  - services in the care plan are adequate; and
  - there are changes in the needs or status of the individual, and if so, making necessary adjustments in the care plan and service arrangements with providers.

Case management may include contacts with non-eligible individuals that are directly related to identifying the needs and supports for helping the eligible individual to access services.

For plans that provide case management services to assist individuals who reside in medical institutions to transition to the community: Case management services are coordinated with and do not duplicate activities provided as a part of institutional services and discharge planning activities. Billing for services is limited to a maximum of 60 days prior to the HCBS placement, and provider reimbursement follows waiver enrollment.

For persons who choose to self-direct: Case management may provide assistance to a recipient and/or unpaid primary care giver in the recruiting, co-hiring (the agency of choice is the legal employer) and scheduling of direct support workers.

Level of care activities: Case management is responsible for assisting the Department, as requested, in scheduling meetings and providing information as requested to Department staff responsible for completing initial and ongoing level of care activities.

Crisis Supports: Case management will provide assistance to the recipient and family, as necessary, in locating suitable alternative placement when the individual's health or safety is at risk.

#### Limitations:

Case Management does not include the following:

- Case management activities that are an integral component of another covered Medicaid service;
- The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred.
- Activities integral to the administration of foster care programs;
- Activities, for which an individual may be eligible, that are integral to the administration of another non-medical program, except for case management that is included in an individualized education program or individualized family service plan consistent with section 1903(c) of the Social Security Act.

Waiver-funded children's case management services are available to persons from 0 through 21 years of age, inclusive.

FSS certification in accordance with ARM 37.34.926 and DDP policies regarding FSS certification apply. Other rules pertaining to staff competencies and requirements may be reviewed at ARM 37.34.925 and 37.34.2106.

## Occupational Therapy Services

These services will be provided through direct contact between therapist and waiver recipient as well as between the therapist and other people providing services to the individual.

Occupational therapists may provide evaluation, consultation, training and treatment.

Occupational therapy services under the State Plan are limited. Maintenance therapy is not reimbursable, nor is participation in the interdisciplinary planning process.

<b>Provider Category</b>	<b>Provider Type Title</b>
Individual	Licensed occupational therapist, enrolled as a Montana Medicaid provider
Individual	An agency providing occupational therapy services and enrolled as a Montana Medicaid provider, reimbursed via subcontracts with DD service provider agencies with DDP contracts.
Agency	DD service provider agency employing qualified occupational therapists as defined in the ARM and MCA site in this section, under contract with the DDP

Licensed occupational therapist, enrolled as a Montana Medicaid provider, and licensed in accordance with applicable ARMs 24.165.101 through 24.165.307.

## Physical Therapy Services

These services will be provided through direct contact between therapist and waiver recipient as well as between the therapist and other people providing services to the individual. Physical therapists may provide treatment training programs that are designed to:

1. Preserve and improve abilities for independent function, such as range of motion, strength, tolerance, coordination and activities of daily living; and
2. Prevent, insofar as possible, irreducible or progressive disabilities through means such as the use of orthotic prosthetic appliances, assistive and adaptive devices, positioning, behavior adaptations and sensory stimulation.

Therapists will also provide consultation and training to staff or caregivers who work directly with waiver recipients.

Physical therapy services under the State Plan are limited. Maintenance therapy is not reimbursable, nor is participation in the interdisciplinary planning process.

<b>Provider Category</b>	<b>Provider Type Title</b>
Individual	Licensed physical therapist, enrolled as a Montana Medicaid provider
Agency	An agency providing physical therapy services and enrolled as a Montana Medicaid provider.
Agency	DD service provider agency employing qualified physical therapists as defined in the ARM and MCA sites in this section, under contract with the DDP.

Licensed physical therapist, enrolled as a Montana Medicaid provider, and licensed in accordance with applicable ARMs 8.42.101 through 8.42.503.

## Psychological and Counseling Services

Psychological and counseling services are those services provided by a licensed psychologist, licensed professional counselor or a licensed clinical social worker within the scope of the practice of the respective professions.

Psychological and counseling services may include individual and group therapy; consultation with providers and care givers directly involved with the individual; development and monitoring of behavior programs; participation in the individual planning process; and counseling for primary care givers (i.e., family members and foster parents) when their needs are related to problems dealing with the child with the disability.

Psychological and counseling services available under the Montana State Plan will be used before billing under the waiver.

Psychological and counseling services under the State Plan are limited. Under the waiver, this service is available to adults when the service is recommended by a qualified treatment professional, approved by the planning team and written into the plan of care.

<b>Provider Category</b>	<b>Provider Type Title</b>
Agency	The psychologist, counselor, or social worker (see above) is an employee of a DD service provider agency under contract with the DDP.
Agency	An agency providing counseling and therapy services as defined above and enrolled as a Montana Medicaid provider.
Individual	Licensed Professional Counselor, enrolled as a Medicaid provider
Individual	Licensed Clinical Social Worker, enrolled as a Medicaid provider
Agency	Licensed Psychologist, enrolled as a Medicaid provider

The psychologist, counselor or social worker (see above) is an employee of a DD service provider agency under contract with the DDP, and must be licensed in accordance with Montana ARM 24.219.504.

All agencies with a DDP contract for providing direct client services will have a completed criminal background check for all employees. In addition, the ARM and MCA site references for these professionals apply.

An agency providing counseling and therapy services as defined above and enrolled as a Montana Medicaid provider must be licensed in accordance with Montana ARM 24.2 19.504. The ARM and MCA site references for these professionals apply.

A licensed Professional Counselor, enrolled as a Medicaid provider, licensed in accordance with Montana ARM 24.2 19.504. ARM 24.219.101 through 24.219.615 governing the licensure of persons practicing professional counseling applies, and MCA 37-23-101 through 37.23.311 outlines the licensure requirements for a licensed professional counselor. ARM 37.34.971 and 37.34.972, criminal background check, also applies.

A licensed Clinical Social Worker, enrolled as a Medicaid provider, must be licensed in accordance with Montana ARM 24.2 19.504. ARMS 24.219.101 through 24.219.615 govern the licensure of persons licensed to practice clinical social work, with MCA-37.22.101 through 37.22.411 outlining the requirements for licensed clinical social workers. ARM 37.34.971 and ARM 37.34.972, criminal background check also applies.

A licensed Psychologist, enrolled as a Medicaid provider must be licensed in accordance with Montana ARM 24.189.601. In addition, these standards apply: ARM 24.189.101 through 24.189.823 governing the licensure of persons licensed to practice psychology. MCA 37-17-101 through 37-17-318 outlining the qualifications of a licensed psychologist ARM 37.34.971 and 37.34.972, criminal background check

## Speech Therapy Services

These services will be provided through direct contact between therapist and waiver recipient as well as between the therapist and other people providing services to the individual.

Speech therapy services may include:

1. Screening and evaluation of individuals with respect to speech and hearing functions;
2. Comprehensive speech and language evaluations when indicated by screening results;



3. Participation in the continuing interdisciplinary evaluation of individuals for purposes of beginning, monitoring and following up on individualized habilitation programs; and
4. Treatment services as an extension of the evaluation process, which include:

Consultation with appropriate people involved with the individual for speech improvement and speech education activities to design specialized programs for developing each individual's communication skills in comprehension, including speech, reading, auditory training, and skills in expression.

Therapists will also provide training to staff and caregivers who work directly with waiver recipients.

Speech therapy services under the State Plan are limited. Maintenance therapy is not reimbursable, nor is participation in the interdisciplinary planning process.

<b>Provider Category</b>	<b>Provider Type Title</b>
Agency	DD service provider agency employing qualified speech therapists as defined in the ARM and MCA sites in this section, under contract with the DDP.
Agency	An agency providing speech therapy services and enrolled as a Montana Medicaid provider.
Individual	Licensed speech language pathologist (AKA, speech therapist), enrolled as a Montana Medicaid provider.

A DD service provider agency employing qualified speech therapists as defined in the ARM and MCA sites in this section, under contract with the DDP, will be licensed in accordance with applicable ARMs 24.222.101 through 24.222.307. MCA 37.15-101 through 37.15-323 shall apply, as well as ARM 37.34.956 and 37.34.957.

An agency providing speech therapy services and enrolled as a Montana Medicaid provider must be licensed in accordance with applicable ARMs 24.222.101 through 24.222.307, and MCA 37.15-101 through 37.15-323, and ARM 37.34.956 and 37.34.957 apply.

A licensed speech language pathologist (AKA, speech therapist), enrolled as a Montana Medicaid provider, must be licensed in accordance with applicable ARMs 24.222.101 through 24.222.307. MCA 37.15-101 through 37.15-323 and ARM 37.34.956 and 37.34.957 also apply.

## Adult Companion Services

Non-medical care, supervision and socialization, provided to a functionally impaired individual. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks which are incidental to the care and supervision of the individual. This service is provided in accordance with a therapeutic goal in the plan of care, and is not purely diversional in nature.

Companion services are not available to persons receiving 24/7 DDP waiver funded supports and supervision (e.g., persons residing in a DD group home or in assisted living).

<b>Provider Category</b>	<b>Provider Type Title</b>
Agency	The staff person providing the companion service will be an employee of the agency under contract with the DDP.

The staff person providing the companion service will be an employee of the agency under contract with the DDP and that agency must be a qualified provider contracting with the DDP.

The DDP QIS will verify the individual has received training within 30 days of hire including: abuse reporting, incident reporting, client rights, client confidentiality and first aid training, College of Direct Support, CPR

training and any specialty training relating to the needs of individual served, as outlined in the plan of care. Persons assisting with meds will be certified according to rule. In addition, the employer will maintain documentation verifying the person providing direct client services has an acceptable criminal background check. Person providing service must be 16 or older. If transportation is required, the requirements outlined in ARM 34.37.967 and 34.37.968 will apply.

## Adult Foster Support

This service pays for extraordinary supervision and support by a principal care giver licensed as an adult foster care provider who lives in the home. The total number of service recipients (including participants served in the waiver) living in the adult foster home, who are unrelated to the principal care provider, cannot exceed four persons (ARM 37.100.121).

Residential skill acquisition training is available to recipients of the adult foster support service. Skill acquisition training, if needed, will be provided in the adult foster home in accordance with assessed needs and desires of the individual as outlined in the plan of care. This training will be delivered by staff meeting the qualified provider standards for residential training support. The RTS service recipient receives training to increase independence in health care, self care, safety and access to and use of community services. The individual plan of care, based upon the results of formal assessment and identification of needs, provides the general goals and specific objectives toward which training efforts are directed. Each training objective is specified in the plan of care and is clearly related to the individuals long term goal and is not simply busywork or diversional in nature.

Residential training supports delivered in the context of an adult foster home will be invoiced, reimbursed and reported as a separate service, and rolled back into the adult foster support service for the purpose of Federal reporting.

Payments for adult foster support are not made for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep and improvement. Payment for adult foster support does not include payments made, directly or indirectly, to members of the participant's immediate family. The methodology by which the costs of room and board are excluded from payments for adult foster support is described in Appendix I.

Payment to an adult foster care provider is available to assist in placing and maintaining persons with extraordinary support needs in licensed adult foster care settings. Reimbursements are based on assessments completed by the Adult Targeted Case Manager. Payments are based on the service recipient meeting a required threshold in the hours of direct support and supervision required of the foster care provider.

The net effect of this service option is to strengthen the foster home network available to serve adults with developmental disabilities who would otherwise require services in more restrictive and costly service settings (e.g., an ICF-MR or an adult group home).

DDP will reimburse the adult foster care provider for no more than four people. Persons with varying supervision needs can be served with adult foster supports, but the adult foster support reimbursement to a single foster home cannot exceed the adult foster supports reimbursement rate for serving one person with intensive support needs.

Residential training supports delivered in the context of an adult foster home will be invoiced, reimbursed and reported as a separate and distinct service from the adult foster support service. Reimbursements for the service will be rolled into the cost of AFS for the purpose of Federal reporting.

Provision has been made in the AFS qualified provider standards for the Adult Foster Care provider to provide AFS only, or both AFS and RTS. In the event the AFS provider is not qualified to provide RTS, RTS will be made available by a qualified employee of an agency with a DDP contract.

Separate payment is not made for homemaker or chore services furnished to a participant receiving adult foster care services, since these services are integral to and inherent in the provision of adult foster care services.

<b>Provider Category</b>	<b>Provider Type Title</b>
Individual	Adult Foster Supports AND Residential Training Support
Individual	Adult Foster Support Only
Agency	Residential Training Support Only

An individual providing both Adult Foster Supports and Residential Training Support must be licensed according to applicable MCA 50-5-101 through MCA 50-5-216; ARM 37.100.101 through 37.100.175 also apply. In addition, the adult foster care provider will be an employee of an agency with a DDP contract, authorized to provide Residential Training Supports. All the standards outlined for Residential Training Supports will apply.

An individual providing Adult Foster Supports only must be licensed according to applicable MCA 50-5-101 through MCA 50-5-216; ARM 37.100.101 through 37.100.175 also apply.

Residential Training Supports (RTS) is reimbursable only when delivered to a recipient living in a licensed adult foster home funded under Adult Foster Supports. The staff person providing RTS works for an agency with a DDP contract.

The service requirements outlined in ARM 37.34.937 through 37.34.942 shall apply. The staffing rule as outlined in ARM 37.34.2107. The individual will receive training within 30 days of hire including: abuse reporting, incident reporting, client rights, client confidentiality and first aid training, College of Direct Supports, CPR training and any specialty training relating to the need of the individual served, as outlined in the plan of care. Persons assisting with meds will be certified in accordance with ARM 37.34.114. In addition, the employer will maintain documentation verifying the person providing direct client services has an acceptable criminal background check. Persons providing residential supports training will be 18 years of age.

## **Assisted Living**

Payments for services rendered in an assisted living facility, including personal care, homemaker services, medication oversight, social and recreation activities, 24 hour on site response staff to meet the unpredictable needs of recipients and supervision for safety and security. Separate payment will not be made for those services integral to and inherent in the provision of the personal care facility service.

Payments for assisted living facility services are not made for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep or improvements. Payment for personal care facility support does not include payments made, directly or indirectly, to members of the recipient's immediate family.

This service is targeted only for those individuals with developmental disability who function as elderly due to age and/or specific handicapping condition and/or physically handicapping conditions or impairment precluding placement in a less restrictive setting. Persons with DD will have similar handicapping conditions to other persons in this service; generally this means persons who would otherwise be unable to safely and cost-effectively remain at home. Persons in this service option are not precluded from attending DD waiver-funded work/day or supported employment options.

Separate payment is not made for homemaker or chore services or personal care services furnished to a participant receiving assisted living services, since these services are integral to and inherent in the provision of assisted living services. Residential training supports and residential habilitation are not available to a person residing in an assisted living setting.

## Caregiver Training and Support

Caregiver training and support are services for individuals who provide unpaid support, training, companionship or supervision to participants. For purposes of this service, individual is defined as any person, family member, neighbor, friend, companion, or co-worker who provides uncompensated care, training, guidance, companionship or support to a person served on the waiver. This service may not be provided in order to train paid caregivers. Training includes instruction about treatment regimens and other services included in the service plan, use of equipment specified in the service plan, and includes updates as necessary to safely maintain the participant at home. Support must be aimed at assisting the unpaid caregiver in meeting the needs of the participant. All training for individuals who provide unpaid support to the participant must be included in the participant's service plan.

- Training furnished to persons who provide uncompensated care and support to the participant must be directly related to their role in supporting the participant in areas specified in the service plan.
- Counseling similarly must be aimed at assisting unpaid individuals who support the participant to understand and address participant needs.
- FFP is available for the costs of registration and training fees associated with formal instruction in areas relevant to participant needs identified in the service plan. FFP is not available for the costs of travel, meals and overnight lodging to attend a training event or conference.

Services to be provided do not duplicate case management services. The role of the staff person providing Caregiver Training and Support is defined by the planning team.

This service is only available to persons living in a family setting or private non-congregate residence where support and supervision is provided by unpaid care givers. It is not available to persons living in group homes, assisted living facilities, or foster homes when the foster care provider is paid for support and supervision.

Provider Category	Provider Type Title
Agency	Family Support Specialist (FSS). The FSS is employed by an agency under contract with the DDP.
Agency	A Caregiver Training and Support (CTS) worker employed by an agency with a DDP contract.

The Family Support Specialist (FSS) is employed by an agency under contract with the DDP, and holds certification in accordance with ARM 37.34.926 and DDP policies regarding the FSS certification. Other rules pertaining to staff competencies and requirements in accordance with ARM 37.34.925 and 37.34.2 106 also apply.

The Caregiver Training and Support (CTS) worker employed by an agency with a DDP contract holds a position which requires a BA degree in a human services field and a minimum of 3 years of experience in the field of developmental disabilities services.

## Community Transition Services

Community Transition Services are non-recurring set-up expenses for individuals who are transitioning from an institution to a DDP waiver funded HCBS residential service. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include:

- a. Security deposits required to obtain a lease on an apartment or home.
- b. Essential household furnishings and moving expenses required to occupy and use a community domicile, including furniture, window coverings, food preparation items and bath/bed linens.
- c. Set-up fees or deposits for utility or services access, including telephone, electricity, heating and water.
- d. Services necessary for the individual's health and safety, such as pest eradication and one-time cleaning prior to occupancy.
- e. Moving expenses.
- f. Necessary home accessibility adaptations.
- g. Activities to assess need, arrange for and procure needed resources.

Community transition services are furnished only to the extent that they are reasonable and necessary through the service plan development process, clearly identified in the service plan and the person is unable to meet such expense or when the services cannot be obtained from other sources. Community transition services do not include monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes, such as television, cable TV access or VCRs

This service is capped at \$3,000 per person, per transition.

<b>Provider Category</b>	<b>Provider Type Title</b>
Agency	DD service provider agency under contract with the DDP for the provision of adult residential supports.

DD service provider agency under contract with the DDP for the provision of adult residential supports; group home, assisted living and foster home licensure site references are listed elsewhere. Provider requirements for unlicensed residential sites would be found under the residential habilitation staffing requirements. This includes supports to persons in their natural homes, own apartments, or transitional living (supported living, congregate) apartments.

## Dietician Services

These services provided by a registered dietitian or licensed nutritionist include meal planning, consultation with and training for care givers, and education for the individual served. The service does not include the cost of meals. Dietitian services are not available under Montana's State Plan.

This service must be cost effective and necessary to prevent institutionalization.

<b>Provider Category</b>	<b>Provider Type Title</b>
Agency	DD service provider agency employing qualified nutritionists or dietitians as defined in the ARM and MCA sites in this section, under contract with the DDP
Individual	Licensed nutritionist, enrolled as a Montana Medicaid provider
Agency	An agency providing nutritionist or dietician services and enrolled as a Montana Medicaid provider.
Individual	Registered Dietician, enrolled as a Montana Medicaid provider.

DD service provider agency employing qualified nutritionists or dietitians as defined in the ARM and MCA sites in this section, under contract with the DDP, MCA 37-21-101 through 37-21-406 are applicable, and ARM 24.156.1301 through ARM 24.156.1308, as well as ARM 37.34.978 and ARM 37.34.979 also apply.

For a licensed nutritionist, enrolled as a Montana Medicaid provider, MCA 37-25-10 1 through 37-25-308 apply, as well as ARM 24.156.1301 through ARM 24.156.1308 and ARM 37.34.978 and ARM 37.34.979.

An agency providing nutritionist or dietician services and enrolled as a Montana Medicaid provider is licensed according to MCA 37-21-101 through 37-21-406. ARM 24.156.1301 through ARM 24.156.1308 and ARM 37.34.978 and ARM 37.34.979 are applicable as well.

For a Registered Dietician, enrolled as a Montana Medicaid provider, MCA 37-21-101 through 37-21-406 are applicable, and ARM 24.156.1301 through ARM 24.156.1308 and ARM 37.34.978 and ARM 37.34.979 also apply.

## **Environmental Modifications/Adaptive Equipment**

### **Environmental Modifications:**

Those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual.

In addition to the above, environmental modifications services are measures that provide the recipient with accessibility and safety in the environment so as to maintain or improve the ability of the recipient to remain in community settings and employment. Environmental modifications may be made to a recipient's home or vehicle (wheelchair lift, wheelchair lock down devices, adapted driving controls, etc) for the purpose of increasing independent functioning and safety or to enable family members or other care givers to provide the care required by the recipient. An environmental modification provided to a recipient must:

- (a) relate specifically to and be primarily for the recipient's disability;
- (b) have utility primarily for a person who has a disability;
- (c) not be an item or modification that a family would normally be expected to provide for a non-disabled family member;
- (d) not be in the form of room and board or general maintenance;
- (e) meet the specifications, if applicable, for the modification set by the American national standards institute (ANSI).
- (f) be prior authorized jointly by the provider's board of directors and the DDP if the cost of the project may exceed \$4,000.

Excluded are those adaptations or improvements to the home which are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. Adaptations which add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable State or local building codes.

### **Adaptive Equipment:**

Adaptive equipment necessary to obtain and retain employment or to increase independent functioning in completing activities of daily living when such equipment is not available through other sources may be provided. Adaptive equipment as needed to enable family members or other care givers to provide the care needed by the individual.

A comprehensive list is not possible because sometimes items are created (invented) to meet the unique adaptive needs of the individual, for example, an adult-sized "changing table" to enable a care giver to diaper and dress a person who has severe physical limitations; or specially designed switches that an individual with physical limitations can use to accomplish other tasks. Adaptive equipment will conform to the following criteria:

- (a) relate specifically to and be primarily for the recipient's disability;
- (b) have utility primarily for a person who has a disability;

- (c) not be an item or modification that a family would normally be expected to provide for a non-disabled family member
- (d) not be in the form of room and board or general maintenance;
- (e) meet the specifications, if applicable, for the modification set by the American National Standards Institute (ANSI).
- (f) be prior authorized jointly by the providers Board of Directors and the DDP if the cost of the project may exceed \$4,000.

<b>Provider Category</b>	<b>Provider Type Title</b>
Agency	Environmental Modifications: A construction firm, qualified to perform the work.
Individual	Environmental Modifications: Independent Contractor qualified to perform the required work, under subcontracted with a contracted DDP service provider agency
Individual	Adaptive Equipment: Independent Contractor, qualified to provide the required equipment.
Agency	Environmental Modifications: DD Service Provider contracting with the DDP, qualified to perform the work.
Agency	Adaptive Equipment: Enrolled Medicaid provider or legal entity capable of providing the adaptive equipment.

For a construction firm, qualified to perform the work of environmental modifications, ARM 37.34.960 and 37.34.961 are applicable.

For an Independent Contractor qualified to perform the required work of Environmental Modifications, who is subcontracted with a contracted DDP service provider agency, ARM 37.34.960 and 37.34.961 shall apply.

For an Independent Contractor, qualified to provide the required Adaptive Equipment, ARM 37.34.962 and 37.34.963 are applicable for services not available under the State Plan.

Environmental modifications: For a DD Service Provider contracting with the DDP, qualified to perform the work, ARM 37.34.960 and 37.34.961c shall apply.

Adaptive Equipment: For an enrolled Medicaid provider or legal entity capable of providing the adaptive equipment, ARM 37.34.962 and 37.34.963 are applicable for services not available under the State Plan.

## Individual Goods and Services

Individual Goods and Services are services, supports or goods that enhance opportunities to achieve outcomes related to living arrangements, relationships, inclusion in the community and work as clearly identified and documented in the service plan. Items or services under individual goods and services fall into the following categories:

\* Membership/Fees: fitness memberships, tuition/classes, summer day programs, social membership (for example: Sierra Club, outdoor clubs, rotary club, friendship clubs and girl scouts) and socialization supports (for example: fees associated with participating in Special Olympics and community events such as the annual pancake breakfast, community picnics, fairs, art shows and cultural events and

\* Devices/Supplies: batteries for hearing aids and batteries for assistive technology devices, nutritional supplements, diapers, instructional supplies, instructional books and computers.

Items covered under individual goods and services must meet the following requirements:

- The item or service is designed to meet the participants functional, medical or social needs and advance the desired outcomes in his/her plan of care;

- The item or service is not prohibited by Federal or State statutes or regulations;
- One or more of the following additional criteria are met:
  1. The item or service would increase the participants functioning related to the disability;
  2. The item or service would increase the participants safety in the home environment; or
  3. The item or service would decrease dependence on other Medicaid services;
- The item or service is not available through another source; and
- The service does not include experimental goods/services

Recreational activities provided under Individual Goods and Services may be covered only to the degree that they are not diversional in nature and are included in a planning objective related to a specific therapeutic goal.

Montana assures that services, supports or goods provided under this definition are not covered under the Individuals with Disabilities Education Act (IDEA) or Section 110 of the Rehabilitation Act or available through any other public funding mechanism.

Individual goods and services must be approved by the planning team prior to purchase and reimbursement. In addition, goods and services purchased on behalf of the recipient by legal guardians, legally responsible persons, or other non-employees acting on behalf of the recipient are reimbursable only if receipts for such purchases are submitted to the agency with a DDP contract. The receipts are reimbursable only if all the requirements listed above have been met.

Goods and services projected to exceed \$2,000 (annual aggregate) require prior approval by the DDP Regional Manager.

<b>Provider Category</b>	<b>Provider Type Title</b>
Agency	Agency with a DDP Contract

A qualified provider agency with a DDP contract and designated to either reimburse the individual for the procurement of individual goods and services, or for providing the requested goods and services is responsible for meeting all the requirements outlined in the DDP contract.

## Meals Services

This service provides hot or other appropriate meals once or twice a day, up to seven days a week. A full nutritional regimen (three meals per day) will not be provided, in keeping with the exclusion of room and board as covered services.

Some individuals need special assistance with their diets and the special meals service can help ensure that these individuals would receive adequate nourishment. This service will only be provided to individuals who are not eligible for these services under any other source, or need different or more extensive services than are otherwise available. This service must be cost effective and necessary to prevent institutionalization.

<b>Provider Category</b>	<b>Provider Type Title</b>
Agency	Enrolled Medicaid provider agency licensed to deliver meals.

For an enrolled Medicaid provider agency licensed to deliver meals, ARM 37.34.980 and 37.34.981 apply. Program authorized as outlined in 42 USC 3030e Subpart b2, Sections 336 and 337.



## Personal Care Services

Personal Care Services Include:

1. Assistance with personal hygiene, dressing, eating and ambulatory needs of the individual; and
2. Performance of household tasks incidental to the person's health care needs or otherwise necessary to contribute to maintaining the individual at home;
3. Supervision for health and safety reasons.

Payment will not be made for personal care services furnished by a member of the individual's family.

Frequency or intensity will be as indicated in the plan of care.

Personal care services under the State plan differ in service definition or provider type from the services to be offered under the waiver. Under the waiver, RN supervision of the personal care worker is not required.

This service is available under the waiver only if the scope, amount or duration of the available Medicaid State Plan Personal Care is insufficient in meeting the needs of the recipient. Personal care may be bundled with other services when delivered as a component of Self-Directed Services and Supports (SDSS) and is therefore not available as a discrete service to persons receiving SDSS.

Provider Category	Provider Type Title
Agency	Home health agency employee
Agency	DD service provider agency

Agencies are licensed, bonded and insured to deliver personal care services, and enrolled as a Medicaid provider and/or have a contract with DDP. ARM 37.34.933 and ARM 37.34.934 apply. The employer will maintain documentation verifying the direct services worker has an acceptable criminal background check.

In addition to the above standards, the employee of a DD service provider agency must receive training within 30 days of hire encompassing abuse reporting, client rights, client confidentiality, first aid and CPR training, and any specialized training unique to the needs of the individual, as outlined in the plan of care. Persons assisting with meds will be med certified in accordance with ARM 37.34.114.

## Private Duty Nursing

Private Duty Nursing service is to provide medically necessary nursing services to individuals when these services exceed the established Medicaid limits or are different from the service provided under the State Plan. They will be provided where they are needed, whether in the home or in the individuals day activity setting.

Services may include medical management, direct treatment, consultation, and training for the individual and/or his caregivers.

Nursing services provided under the home health requirement of the State Plan are limited and are only available to individuals considered "home bound" and in need of acute nursing care. Nursing services other than direct treatment are not available through a home health agency. Waiver recipients, particularly those coming out of the State's ICF's

/MR, may be quite medically involved. State Plan nursing services may only be provided in group homes or other places of residence, while some waiver beneficiaries need nursing services in day programs or otherwise outside the home. Nursing homes are no longer service options for the vast majority of people with developmental disabilities.

Nursing services must be specified in the plan of care. It must be ordered in writing by the individual's physician and it must be delivered by a registered nurse (RN) or a licensed practical nurse (LPN). Waiver nursing services will be used after the home health nursing limits have been reached, or if the service required is different from that authorized under the State Plan.

<b>Provider Category</b>	<b>Provider Type Title</b>
Agency	An agency providing qualified LPN or RN services and enrolled as a Montana Medicaid provider
Individual	Registered Nurse, enrolled as a Montana Medicaid provider.
Individual	Licensed Practical Nurse, enrolled as a Montana Medicaid provider
Agency	DD service provider agency providing qualified RN or LPN services, as defined in the ARM and MCA sites, under contract with the DDP.

An agency providing qualified LPN or RN services and enrolled as a Montana Medicaid provider will be registered in accordance with MCA 37-8-101 through 37-8-444. ARM 37.34.973 and 37.34.974 and ARMS 8.32.101 through 8.32.507 also apply.

A Registered Nurse, enrolled as a Montana Medicaid provider, will be registered in accordance with MCA 37-8-101 through 37-8-444. ARM 37.34.973 and 37.34.974 and ARMS 8.32.101 through 8.32.507 also apply.

A Licensed Practical Nurse, enrolled as a Montana Medicaid provider, will be registered in accordance with MCA 37-8-101 through 37-8-444. ARM 37.34.973 and 37.34.974, and ARMS 8.32.101 through 8.32.507 also apply

A DD service provider agency providing qualified RN or LPN services, as defined in the ARM and MCA sites in this section, under contract with the DDP, will be registered in accordance with MCA 37-8-101 through 37-8-444. In addition, ARM 37.34.973 and 37.34.974 and ARMS 8.32.101 through 8.32.507 apply.

## Respiratory Therapy

These services are provided by a licensed respiratory therapist and may include direct treatment to the individual, ongoing assessment of the person's medical conditions, equipment monitoring and upkeep, and pulmonary education and rehabilitation. Without these services, individuals with severe pulmonary conditions would have to be institutionalized.

This service must be cost effective and necessary to prevent institutionalization.

<b>Provider Category</b>	<b>Provider Type Title</b>
Agency	DD service provider agency providing qualified respiratory care services, as defined in the ARM and MCA sites in this section, under contract with the DDP
Individual	Licensed Respiratory Care Practitioner (therapist), enrolled as a Montana Medicaid provider
Agency	An agency providing qualified respiratory care services and enrolled as a Montana Medicaid provider

A DD service provider agency providing qualified respiratory care services, as defined in the ARM and MCA sites in this section, and under contract with the DDP, will be licensed in accordance with MCA 37-28-101 through 37-28-305. In addition, ARM 37.34.987 and 37.34.988, and ARM 24.213.101 through 24.213.421 shall apply.

A Licensed Respiratory Care Practitioner (therapist), enrolled as a Montana Medicaid provider, will be licensed in accordance with MCA 37-28-101 through 37-28-305. Also, ARM 37.34.987 and 37.34.988, and ARM 24.213.101 through 24.213.421 apply.

An agency providing qualified respiratory care services and enrolled as a Montana Medicaid provider will be licensed in accordance with MCA 37-28-101 through 37-28-305. In addition, ARM 37.34.987 and 37.34.988, and ARM 24.213.101 through 24.213.421 shall apply.

## Transportation Services

Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the plan of care. Whenever possible, family, neighbors, friends, or community agencies that can provide this service without charge will be utilized.

Legally responsible persons, relatives, legal guardians and other persons who are not employees of agencies with a DDP contract may be reimbursed for the provision of rides. In these cases, reimbursement will be less than or equal to the mileage rate set by the Department for a State employee operating a personal vehicle. The mileage rate is based on the operational expense of a motor vehicle and does not include reimbursement for work performed, or the driver's time. Reimbursement for rides provided by legally responsible persons or others must be related to the specific disability needs of a recipient, as outlined in the plan of care. Persons providing transportation must be licensed, insured and drive a registered vehicle, in accordance with the motor vehicle laws of the State of Montana.

Note- Rates for services in residential settings and work/day settings in which paid, on-site primary care givers provide routine, non-medically necessary transportation (community outings, picnics, etc) may include cost of these integrated transportation services.

Transportation services are not reimbursable in residential and work/day settings, if the transportation service is folded into the rates for these residential and/or work/day settings. Under no circumstances will medically necessary transportation (transportation to medical services reimbursed under the State Plan) be reimbursed under the waiver if the service is reimbursable under State Plan transportation.

<b>Provider Category</b>	<b>Provider Type Title</b>
Agency	Transportation provider agency; this agency may or may not be a dedicated transportation provider.
Individual	Individual with a written service agreement.

Transportation provider agency. This agency may or may not be a dedicated transportation provider. Operator will have a motor vehicle license, liability insurance and proof of vehicle registration, in accordance with state laws.

ARM 37.34.967 and 37.34.968 apply. Person providing the service must be 16 or older. Payment for escort services may not be made under the transportation category. Terms of minimum liability insurance are outlined in the provider contract, under Section 16.2.1 through 16.2.3, Automobile Liability Insurance Coverage.

For an individual with a written service agreement, the operator will have a motor vehicle license, liability insurance and proof of vehicle registration, in accordance with state laws. ARM 37.34.967 and 37.34.968 apply. Person providing the service must be 16 or older. Payment for escort services may not be made under the transportation category.